

Mississippi Secretary of State  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi Secretary of State		CONTACT PERSON Dave Scott	TELEPHONE NUMBER 601-359-9055
ADDRESS 700 North Street		CITY Jackson	STATE MS
EMAIL dave.scott@sos.ms.gov	SUBMIT DATE 4/4/11	Name or number of rule(s): Mississippi Preneed Contracts Loss Recovery Association Rules	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Regulation and Enforcement Division of the Secretary of State's Office with no objection from the Loss Recovery Association Directors hereby finalizes these rules by the authority granted in Miss. Code Ann. § 75-63-81(9). These rules repeal and supersede any rules promulgated by the Secretary of State's Office under the same authority.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 75-63-81(9).

List all rules repealed, amended, or suspended by the proposed rule:

**ORAL PROCEEDING:**

- ☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_
- ☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


**ECONOMIC IMPACT STATEMENT:**

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: <u>3/9/11</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Dave Scott, Assistant Secretary of State

Signature of person authorized to file rules: *Dave Scott*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>CB17687E</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.